

14.1 ABNORMAL HEMOGLOBIN – ELEVATED

TITLE	DESCRIPTION
DEFINITION:	<p>Elevated Hgb may be > 15.1 g/dL in females or > 17.2 g/dL in males. Client with polycythemia Hgb > 17 g/dl may be susceptible to early stroke.</p> <p>(Note: Normal value ranges may vary slightly among different laboratories).</p>
SUBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Comprehensive Health History - may include: <ol style="list-style-type: none"> a. History of smoking. b. Complaints of headaches. c. Epistaxis. d. Spontaneous bruising. e. Burning pain in extremities. f. Tinnitus. g. Vertigo. h. Plethora of face, hands, and feet. <p>The cause can be dehydration, bone marrow disease, birth defects, L sided heart failure, exposure to high altitudes, lung disorders, severe COPD, or pulmonary fibrosis.</p>
OBJECTIVE:	<p>May Include:</p> <ol style="list-style-type: none"> 1. Constitutional symptoms (fatigue, weight loss, night sweats, weakness, fever). 2. Generalize symptoms (pruritis, bone pain, gout history) 3. Microvascular Occlusion symptoms (headache, tinnitus, dizziness, visual disturbance, Transient Ischemic Attack symptoms, distal paresthesia, acrocyanosis, erythromelalgia). 4. Splenomegaly related symptoms (abdominal pain, early satiety, weight loss, nausea).
LABORATORY:	<p>Should Include:</p> <ol style="list-style-type: none"> 1. Hgb venous or capillary. 2. Excessive squeezing with the finger stick method could alter results. May recheck via venipuncture method for enhanced accuracy. <p>May Include:</p> <ol style="list-style-type: none"> 1. CBC with indices. 2. Serum Ferritin, iron, B12, folate, transferrin, reticulocytes count, TIBC. 3. Peripheral smear.
ASSESSMENT:	Elevated Hemoglobin.
PLAN:	<p>Polycythemia – Hgb 17 g/dl or above.</p> <ol style="list-style-type: none"> 1. Refer to MD if Hgb 17 g/dl or above.
EDUCATION:	<ol style="list-style-type: none"> 1. Discuss the underlying etiology of polycythemia and the importance of participation in the treatment plan and follow-up. 2. Provide nutritional counseling.

TITLE	DESCRIPTION
	3. Recommend client RTC as appropriate per plan.
REFERRAL TO MEDICAL PROVIDER:	1. Any pathology found on exam which does not require immediate ER referral.
REFERENCES:	<ol style="list-style-type: none"><li data-bbox="500 380 1490 436">1. Gersten, T., MD (2012) Hemoglobin. (nlm.nih.gov/medlineplus/ency/article/003645.htm)(Retrieved 2/8/17).<li data-bbox="500 436 1490 493">2. Family Practice Notebook: Polycythemia Rubra Vera. (https://fpnotebook.com/HemeOnc/Marrow/PlycythmRbrVr.htm) (Retrieved 8/26/19).